

Signature for WIC Benefits (Alternate Means of Signature Collection)

Use when electronic signature missed or pad malfunction.

I, _____, received the following WIC benefits for myself and/or family
Printed Name

members listed.

- | | | | | |
|----|------------------|-----------------|----|---------------|
| 1. | _____ | _____ | to | _____ |
| | Participant Name | Starting Number | | Ending Number |
| 2. | _____ | _____ | to | _____ |
| | Participant Name | Starting Number | | Ending Number |
| 3. | _____ | _____ | to | _____ |
| | Participant Name | Starting Number | | Ending Number |
| 4. | _____ | _____ | to | _____ |
| | Participant Name | Starting Number | | Ending Number |
| 5. | _____ | _____ | to | _____ |
| | Participant Name | Starting Number | | Ending Number |
| 6. | _____ | _____ | to | _____ |
| | Participant Name | Starting Number | | Ending Number |

Signature of:
Participant/Parent/Guardian/
Authorized Representative

Date

Staff Instruction: After completion, scan into appropriate participant folder(s).